

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24192

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757Township UPrimary Registration District No. 5998City U (No. U)File No. 133Registered No. 133St. U Ward U2. FULL NAME Oscar Frick Jr.(a) Residence, No. USt. UWard. Chesterfield, Mo.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July-19-1915

7. AGE

1801010

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home 210

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

211

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

Oscar Frick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Washington Mo

15. MAIDEN NAME

Pauline Ciegenspeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Washington Mo

17. INFORMANT (ADDRESS)

Oscar Frick

18. BURIAL, CREMATION, OR REMOVAL

to

PLACE

St. Louis

DATE

Aug-21-1933

19. UNDERTAKER (ADDRESS)

Schrafer Funeral HomeBaltimore, Mo

20. FILED

7/31/3319Clarence H. MoslerRegistrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-29-193322. I HEREBY CERTIFY That I attended deceased from Held Inquest July 30, 1933I last saw him alive on 10 Death is saidto have occurred on the date stated above, at 8:45 PM

The principal cause of death and related causes of importance were as follows:

Skull fracture and cerebral lacerationresulting from motor accident Julyon highway 40 near St. PetersMo. collided with motor vehicle1933

Other contributory causes of importance:

not due to blinding lightintoxication nor too fastdriving—was due to traffic congestionName of operation none Date of 6-1What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 29, 1933Where did injury occur? Highway 40 near St. Peters Mo.

Specify whether injury occurred in industry, in home, or in public place.

Public placeManner of injury Collision with autoNature of injury Injury to head and legs24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify none(Signed) Will L. Freeman(Address) St. Charles MoCoroner of St. Charles Co Mo

1933 - 7-28
1915 7-18
18 8-10